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Bib Data Sheet

CONFIRMATION NO. 2432

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|---|---|---------------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>09/869,259  | <b>FILING OR 371(c)<br/>DATE</b><br>11/28/2001<br><b>RULE</b>   | <b>CLASS</b><br>345                   | <b>GROUP ART UNIT</b><br>2629  | <b>ATTORNEY<br/>DOCKET NO.</b><br>500500008USB |
| <b>APPLICANTS</b><br>Jerry Moscovitch, Ontario, CANADA;<br>Ian C. Hall, Ontario, CANADA;<br>Son Chung, Ontario, CANADA;<br>Mark D. Elchuk, Troy, MI;  |   |                                       |  |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US99/30733 12/21/1999<br><b>** FOREIGN APPLICATIONS *****</b>   |   |                                       |  |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 05/31/2002   |   |                                       |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | <b>STATE OR<br/>COUNTRY</b><br>CANADA | <b>SHEETS<br/>DRAWING</b><br>55  | <b>TOTAL<br/>CLAIMS</b><br>6                   |
| Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT<br/>CLAIMS</b><br>5    |  |  |
| <b>ADDRESS</b><br>54984<br>AIR MAIL   |   |                                       |  |  |
| <b>TITLE</b><br>COMPUTER DISPLAY SCREEN SYSTEM AND ADJUSTABLE SCREEN MOUNT, AND SWINGING SCREENS<br>THEREFOR  |   |                                       |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>669   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |